

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40567**
10447

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY CITY HOSPITAL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS	
d. STREET ADDRESS (If rural, give location) 5306 MINERVA		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) G	
c. (Last) O'CONNOR		4. DATE OF DEATH (Month) (Day) (Year) 11/12/52	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, REVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4/18/1900
9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE AGENT		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) ST LOUIS MO		12. CITIZEN OF WHAT COUNTRY? MO	
13a. FATHER'S NAME JENNES O'CONNOR		13b. MOTHER'S MAIDEN NAME MARGARET M. NANN	
14. NAME OF HUSBAND OR WIFE MATHEEN O'CONNOR			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Kathleen O'Connor		ADDRESS 5200 Minerva	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Pulmonary Edema;		
	ANTECEDENT CAUSES Coronary Thrombosis.		
DUE TO (a) subcutaneous poisoning; self administered in home on		DUE TO (b) Nov 9 1952 exact time	
DUE TO (c) unknown while suffering		DUE TO (d) a temporary cerebral	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		aberration Suicide	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis MO	
21d. TIME OF INJURY Nov 9 52 ?	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E9702	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1029 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E. Payson, Coroner	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 11.13.52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11/15/52	24c. NAME OF CEMETERY OR CREMATORY CALVARY
24d. LOCATION (City, town, or county) (State) ST LOUIS MO	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SULLIVANS 2849 Euclid	
DATE REC'D BY LOCAL REG. NOV 13 1952	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed *Robert L Brinkman*

Licensed Embalmer No. *3553*

P. O. Address *St Louis*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.